REQUEST & CERTIFICATION FOR RESEARCH PROCUREMENT OF HUMAN BIOLOGICAL MATERIALS [NIH 2803-1 (5-04)]

(ELECTRONIC FORM INSTRUCTIONS – REVISED May 2004)

Data is entered only on the first page of the electronic form, which automatically populates onto the 2nd and 3rd copy of the form when printed. The form is locked and password protected to prevent modification, however use care when entering data to prevent format changes to the tables. Use the "**TAB**" key to go from field to field.

If all three copies need to be printed, print the file without specifying which page. IF ONLY THE 1ST AND/OR 3RD optional page is needed, indicate the page number(s) to print under the File menu, Print option.

Note: In order for the fields to update on each copy, when printing, the "Update Field" option must be flagged as a print option.

- *If you are using a PC: Go to File/Print and select the Options tab at the bottom of the palette. Make sure the Update Fields box is checked.*
- *If you are using a Mac, Go to File/Print, Click the menu, which reads General, and select Microsoft Word. From there select the Word Options button and make sure Update Fields is checked.*

You may wish to save your document under a different name. To keep the original settings, select "No" when asked, "Do you want to save changes?"

DATA ENTRY:

Note: you may leave certain fields blank (e.g., dates, etc.) if you are printing multiple forms for the future, and hand write this information on each copy.

Enter the data according to the instructions for the paper version of the form. See <http://home.ccr.cancer.gov/lop/clinical/labres/hbm.asp

Note: **DO NOT** save an electronic form on your computer if it contains any patient identification.

After printing the form:

7. Print one form for each procurement procedure. Please do not make photocopies of the form because copies do not create high quality microfiche images and Medical Records will not accept them.
8. Provide patient identification information (last name, first name, middle initial and NIH medical record number) in the lower left hand corner of EACH COPY of the form.
9. Make sure all parts of the form are complete.
10. The PI or AI specified in writing on the IRB protocol must sign the request. This certifies that the specified IRB approval covers both the protocol and patient-executed consent, and that the research proposed is specified within the approved protocol and consent documents. Be sure to print name to the left of the signature if it has not been pre-typed and record the date.

COMPLETED FORM MUST BE PLACED IN FRONT OF THE PATIENT' S CHART BEFORE THE RESEARCH TISSUE IS PROCURED. FOR AN OUT- PATIENT DELIVER THE FORM TO SITE OF PROCUREMENT PRIOR TO PROCEDURE. THE SPECIMEN WILL NOT BE RELEASED WITHOUT THE FORM.

DATE OF RELEASE OF RESEARCH SPECIMEN(S)
Enter the data according to the instructions for the paper version of the form.
See http://home.ccr.cancer.gov/lop/clinical/labres/hbm.asp